

EXHIBIT E

SUBJECT EXAMINATION PROGRAM**PEDIATRICS EXAMINATION****EXAMINEE PERFORMANCE PROFILE REPORT****ID: 2138****Name: Zangara Jason Andrew****665060 - Caribbean Medical University School of M****Total Equated Percent Correct Score: 52****Test Date(s): 06/18/2021****Score Interpretation Guide for Examinees**

The enclosed performance report lists your subject examination score and provides a performance profile to aid in self-assessment. NBME® subject examinations provide medical schools with a tool for measuring examinees' understanding of the clinical sciences. Questions on the examinations were written and reviewed by national test committees preparing material for Step 2 Clinical Knowledge (CK) of the United States Medical Licensing Examination® (USMLE®). Prior to publication, test forms are reviewed by a panel of course directors representing the content of each examination. Although these examinations are designed to be broadly appropriate as part of overall examinee assessment, course objectives vary across schools, and the congruence between subject examination content and course objectives should be considered when interpreting test scores.

Subject Examination Scores

The subject examination score is an equated percent correct score that represents mastery of the content domain assessed by the examination. It is calculated as a percentage of items in the total content domain that would be answered correctly based on an examinee's proficiency level on the test. The subject examination scores are equated across test administrations and are statistically adjusted for variations in test form difficulty. Consequently, these scores can be used to compare and track school and examinee performance over time.

The subject examination scores are placed on a classic percent correct metric to ease interpretation and use. This scale provides a useful tool for comparing your performance with that of a nationally representative group taking this examination as an end-of-clerkship assessment.

For recent administrations, the mean and standard deviation for first-time examinees from LCME-accredited U.S. and Canadian medical schools were approximately 79 and 8, respectively.

Precision of Scores

Measurement error is present on all tests, and the standard error of measurement (SEM) provides an index of the (im)precision of scores. The SEM indicates how far the score you earn on the examination is likely to stray from your "true" proficiency level. The SEM is approximately 4 for this examination.

Using the SEM, it is possible to calculate a score interval that indicates how much a score might vary across repeated testing using different sets of items covering the same content. An interval that will encompass about two thirds of the observed scores for a given true score may be found by adding the SEM to a score and subtracting it from that score. For example, if your true proficiency on the examination is 75, the score you achieved on the examination will usually (two times out of three) fall between 71 and 79 ($75 - 4$ and $75 + 4$).

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Your score is shown above. The performance profile provides information regarding your content area performance compared to the performance of first-time takers from LCME-accredited medical schools who took this examination as a final clerkship examination under standard testing conditions. The vertical line represents the mean performance of this comparison group.

Performance bands indicate areas of relative strength and weakness. Some bands are wider than others. The width of a performance band reflects the precision of measurement: narrower bands indicate greater precision. Striped shading of a band indicates that your performance band extends beyond the displayed portion of the scale. Because many of the content areas are based on a relatively small number of items, small differences in the location of bands should not be over-interpreted. If two bands overlap, performance in the associated areas should be interpreted as similar. Please note that many items may contribute to more than one content area. Use caution when interpreting differences in performance across content areas.

